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	APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTOR	NEY DOCKET NO.
			EXAMINER		
				ART UNIT	PAPER NUMBER
				DATE MAILED:	
		INTERV	IEW SUMMARY		
dl pa	articipants (applicant, applicant	t's representative, PTO personne	ol):		
1)_	John Engel	mann	(3)		
2)			(4)		
)ate	of Interview (a) (0-20	1-03			_
		(copy is given to applicant	applicant's representative).	
		nducted: Yes No If yes,			
_	ement 🛮 was reached. 🗀 w n(s) discussed: 📙 📗				
dent	ification of prior art discussed:				
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nust	ller description, if necessary, a be attached. Also, where no o hed.)	nd a copy of the amendments, if copy of the amendments which w	available, which the examiner rould render the claims allowal	agreed would render ble is available, a sum	the claims allowable mary thereof must be
. Œ	H is not necessary for applica	int to provide a separate record o	of the substance of the intervie	w.	
S NO	OT WAIVED AND MUST INCLI	en checked to indicate to the col UDE THE SUBSTANCE OF THE PLICANT IS GIVEN ONE MONT	INTERVIEW. (See MPEP Se	ection 713.04). If a res	ponse to the last Office
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xan	niner Not : You must sign this f	form unless it is an attachment to	another form.	sole A	10
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